

**ON-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**LAKE CITY CORRECTIONAL FACILITY**

for the

Physical and Mental Health Survey  
Conducted October 10-12, 2017

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## CAP Assessment of Lake City Correctional Facility

### I. Overview

On October 10-12, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Lake City Correctional Facility (LCCF). The survey report was distributed on November 7, 2017. In December 2017, LCCF submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the October 2017 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days.

On March 23, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on April 24, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

### II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 5 of the 5 physical health findings were corrected. All physical health findings are corrected.

Finding	CAP Evaluation Outcome
<p><b><u>IMMUNITY CLINIC</u></b></p> <p><b>A comprehensive review of 4 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 1 record, there was no evidence of hepatitis B vaccination or refusal.</b></p> <p><b>PH-2: In 1 record, there was no evidence of influenza vaccination or refusal.</b></p>	<p><b>PH-1 &amp; PH-2 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-1 &amp; PH-2.</p>

Finding	CAP Evaluation Outcome
<p><b><u>NEUROLOGY CLINIC</u></b></p> <p><b>PH-3: In 1 of 5 records reviewed, there was no evidence of the required annual laboratory work.</b></p>	<p><b>PH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-3.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY</u></b></p> <p><b>PH-4: In 5 of 9 records reviewed, there was no evidence of a discharge note written by the discharge nurse.</b></p>	<p><b>PH-4 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>PH-5: In 8 of 10 records reviewed, the diagnosis was not recorded on the problem list.</b></p>	<p><b>PH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-5.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 9 of 15 mental health findings were corrected. Six mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>A comprehensive review of 3 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, SHOS orders were not cosigned by the next working day.</b></p> <p><b>MH-2: In 1 record, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</b></p> <p><b>MH-3: In 1 record, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</b></p>	<p><b>MH-1, MH-2, &amp; MH-3 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-1, MH-2, &amp; MH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>USE OF FORCE</u></b></p> <p>A comprehensive review of 5 use of force episodes revealed the following deficiencies:</p> <p><b>MH-4:</b> In 2 records, a written referral to mental health by physical health staff was not present.</p> <p><b>MH-5:</b> In 2 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p><b>MH-4 &amp; MH-5 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-4 &amp; MH-5.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p>A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p><b>MH-6:</b> In 3 of 7 applicable records, appropriate initial laboratory tests were not ordered for psychotropic medications.</p> <p><b>MH-7:</b> In 1 of 2 applicable records, there was no evidence that abnormal lab results were addressed.</p> <p><b>MH-8:</b> In 1 of 4 applicable records, follow-up lab tests were not completed as required.</p> <p><b>MH-9:</b> In 4 of 15 records, the medication ordered was not appropriate for the symptoms/diagnosis.</p> <p><b>MH-10:</b> In 2 of 2 applicable records, there was no evidence of nursing education provided to the inmate after 2 consecutive medication refusals or 5 in one month.</p>	<p><b>MH-6, MH-7, &amp; MH-8 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6, MH-7, &amp; MH-8.</p> <p><b>MH-9 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-9 will remain open.</p> <p><b>MH-10 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-10 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b>MH-11: In 4 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</b></p> <p><b>MH-12: In 11 records, documentation of follow-up psychiatric contacts did not contain the required clinical information.</b></p>	<p><b>MH-11 &amp; MH-12 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11 &amp; MH-12.</p>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p><b>A comprehensive review of 6 records of S3 inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-13: In 3 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</b></p> <p><b>MH-14: In 2 records, consent to release information for continuity of care was not completed.</b></p>	<p><b>MH-13 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-13.</p> <p><b>MH-14 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however there were no applicable episodes available for review. MH-14 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>MENTAL HEALTH SYSTEMS</u></b></p> <p><b>MH-15: There was no documentation that the Multidisciplinary Services Team (MDST) meets on a regularly scheduled basis.</b></p>	<p><b>MH-15 CLOSED</b></p> <p>Adequate documentation of correction was provided to close MH-15.</p>

#### IV. Conclusion

All physical health portions will close. Mental health findings MH-1, MH-2, MH-3, MH-9, MH-10, and MH-14 will remain open. All other mental health portions will close.

Until such time as appropriate corrective actions are undertaken by staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may

take as long as three months. Follow-up assessment by the CMA will most likely take place through an off-site visit, but the option remains open to conduct an on-site evaluation.